

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101031A66R	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.			
1					51		
2					52		
3					53		
4					54		
5					55		
6					56		
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40					90		
41					91		
42					92		
43					93		
44					94		
45					95		
46					96		
47					97		
48					98		
49					99		
50					100		
JTAL D.					TOTAL IND.		
JTAL P.					TOTAL DEP.		
JTAL AIMS					TOTAL CLAIMS		